

When complete email this form & enclosures to R10OCEAdminTeam@epa.gov

Office of Compliance and Enforcement  
CORRESPONDENCE ACTION REQUEST

8/29/17  
Debbie C.

AUTHOR: Chad Schulze DATE SUBMITTED: 8/28/2017 SECRETARY:

ACTIONS NEEDED: Proof read, edit, prepare correspondence folder, mail

DEADLINE FOR MAILING: 9/1/2017 - Need Expedited Review (at EPA HQ's request)

CERTIFIED MAIL: YES

OVERNIGHT MAIL:

SPECIAL INSTRUCTIONS:

SIGNER: DIRECTOR – Ed Kowalski

FILE NAME: N:\APPS\OCE\Pesticides and Toxics\Pesticides Enforcement\2017 Enforcement Actions\Compliance Orders (SSUROs)\Lowe's Home Centers, LLC:

1 - Compliance Order Cover Letter Lowe's

1a - Compliance Order FIFRA Lowe's

CONCURRENCES						
Title:	Compliance Officer	Unit Manager	Director	DRA	RA	
Name:	See accompanying enforcement checklist for concurrences block					
Initials:						
Date:						

ADDITIONAL DISTRIBUTION:

Include mailing addresses and/or email addresses for all cc's and bcc's

CC:

with  
enclosure

✓ MR. ROSS W. McCANLESS, MANAGER  
Mr. Robert A. Niblock, Chairman, President and CEO  
Lowe's Home Centers, LLC – Corporate Office  
1000 Lowes Blvd  
Mooresville, NC 28117

✓ Ms. Kimberly Bingham  
EPA Region 4  
61 Forsyth Street  
SW Atlanta, GA 30303

mailed  
8/29/17  
DC ✓

WHERE TO FILE: Official/Program: ☒ Chrono: ☒ Other:

CORR Log

2 + 2

#### 4C. Administrative Compliance Order – Unilateral\*

(includes CWA 309(a) orders, CAA 113(a) orders, FIFRA stop sale orders, SDWA 1414(g)(1) orders, RCRA 3013)

Case Name: Lowe's Home Centers, LLC.  
City/State: Mooreville, NC Wilkesboro

CONCURRENCES					
Title:	Compliance Officer	ORC Attorney	Program Unit Manager	ORC Unit Manager	Regional Counsel
Name:	Schulze, C.	Dugan, B.	McFadden, K.	Matthews, J.	Stern, A.
Initials:	CS	BDD	KJM	JM	AS
Date:	8/29/17	8/29/17	8/29/17	8/29/17	8/29/17

If document is included, check YES. If not, check NO and explain.

	YES	NO
Document(s) for signature/concurrence	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cover letter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
New Case Form (if docket number not yet issued)	<input checked="" type="checkbox"/>	<input type="checkbox"/> <u>FIFRA-10-2017-0105</u>
Communication plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Required notice to State agency (only for CWA 309(a) orders, CAA 113(a) orders)	<input type="checkbox"/>	<input type="checkbox"/> <u>NA</u>
Press release (if applicable from communication plan)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Write-up for OECA weekly report	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Case conclusion data sheet	<input checked="" type="checkbox"/>	<input type="checkbox"/> <u>Will complete upon company response</u>

Is facility located in Indian Country and/or is a Tribal Facility (i.e., owned or controlled by a federally recognized Indian tribe) or a Native Corporation? ☐ YES ☒ NO

Does this action potentially affect Tribal interests? ☐ YES ☒ NO

If YES, fill out and attach Addendum A: Enforcement Actions Involving Indian Tribes or Native Corporations.

Is the Facility located on Federal Lands and or operated by the Federal Government? ☐ YES ☐ NO

If YES, has the Region 10 Federal Facility Program Manager been informed? ☐ YES ☐ NO

Is the facility located in an area with Environmental Justice concerns? ☐ YES ☐ NO

Does the case involve a Nationally Significant Issue? ☐ YES ☐ NO

If YES, explain issue and OECA involvement:

**RETURN package to COMPLIANCE OFFICER for mailing.**

\* For documents to be signed by an OCE manager, attach a completed OCE Correspondence Action Request.